PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

A DDI TO A TIONI NO		EIL INC DATE		EID	EIDCT NAMED INDENTAD		ATTODNEY DOCVET NO		CONFIDMATION NO	
					ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/591,252 08/31/2006			1/2006	Takayoshi KAWAGUCHI			Q96699		4352	
TITLE OF INVENTION: COMPOSITION FOR MEDICAL USE HAVING IMPROVED WATER-SOLUBILITY OF PEPTIDE AND METAL-LABELING EFFICIENCY AND PREPARATION FOR MEDICAL USE COMPRISING METAL-LABELED PEPTIDE										
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		PUBLICATI FEE	ION PREV	PAID ISSUE FEE	TOTAL FEE DUE	(S) DATE DUE	
nonprovisional	N	NO		0.00	\$300.00	·	\$0.00	\$1,810.00	11/13/2010	
EXAMINER					ART UNI	ART UNIT CLAS				
JONES, DAMERON LEVEST					1618	·	424-001690			
1. Change of correspondence address or indication of "Fee Address" (37 CFR						2. For printing	g on the patent front p	age list 1	Sughrue Mion, PLLC	
\Box Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.							s of up to 3 regist gents OR, alternative			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.						Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
NIHON MEDI-PHYSICS CO., LTD. Tokyo, Japan										
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) are submitted:					-	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee						☐ A check is enclosed.				
☑ Publication Fee (No small entity discount permitted)					•	☑ Payment by credit card. Form 1310-2038 is attached.				
☐ Advance Order - # of Copies					overpayme	\Box The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.				
						☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.				
5. Change in Entity Status (from status indicated above)										
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
	-		•		,	• /			e application identified above.	
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.										
Authorized Signature	Authorized Signature /Sheldon I. Landsman/				Date		November 12, 2010			
Typed or Printed Name	Typed or Printed Name Sheldon I. Landsman				Registration No.					